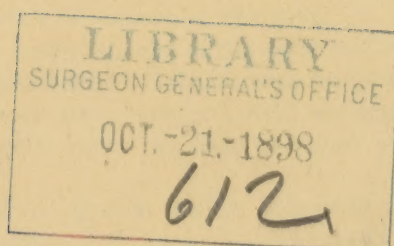


Hopkins (S.D.)

Nervous disorders xxx



Hopkins (S. D.)

Reprinted from the Colorado Medical Journal, September, 1897.

NERVOUS DISORDERS SIMULATING PERITONITIS.

By S. D. HOPKINS, M. D.,
Denver, Colo.

Lecturer and Clinical Lecturer on Nervous and Mental Diseases, University of Denver.

In taking up this section of the symposium it is not necessary for me to state that the diseases of the nervous system which simulate peritonitis are few in number; in fact I know of no organic affection of the brain or spinal cord that produces symptoms similar to those of the subject under discussion. Although in certain disturbances of the nerves we may have subjective and objective signs which may resemble the symptoms of inflammation of the peritoneum, yet these have characteristics which will enable one to come to a definite conclusion as to the nature of the case.

Kalantarian* says, in eight examinations of the solar and hypogastric plexus in persons who had died of acute peritonitis, changes which he regards as inflammatory had occurred, with subsequent opaque swelling of the nerve-cells, fatty degeneration and brown pigmentation.

The diseases of the nervous system which resemble more closely peritonitis are first the functional diseases—as hysteria, and secondly the various forms of visceral neuroses. When we take into consideration the numerous manifestations of hysteria, and that the symptoms are excited by some slight peripheral irritation which may be due to vaso-motor disturbance in some of the pelvic organs it is not surprising that the symptoms of peritonitis may be produced. Simulation of acute diffused peritonitis by the hysteric is a rare occurrence and is only found in the most severe cases of functional disease, but in women who are of a neuro-pathic temperament the chronic, localized, inflammatory affections are more closely counterfeited.

All the symptoms of peritonitis may be present in a case of hysteria, but as a rule the pain of hysteria is psychical and usually predominates on the left side of the body; and is out of proportion

* *Pepper's System of Medicine, Vol. II, page 1136.*

LIBRARY
SURGEON GENERAL'S OFFICE

AUG.-30-1898

612

to the peripheric irritation in which it seems to originate, both in intensity and duration. It often develops and ceases like other hysterical symptoms, under the influence of moral impressions; is capable of surviving the complete subsidence of peripheric irritation, whereas, the opposite is the case in true peritonitis.

The locality of hysterical pain and tenderness may be the same, and the most frequent seat is the abdomen. A slight touch of the skin produces more distress than deep pressure, although, in neuro-pathic patients deep pressure in the left hypochondric region causes intense suffering. Deep pressure in true peritonitis exaggerates the symptoms to a greater extent than in functional disturbances. Hysterical pain may begin locally, as, does the pain in true peritonitis; diffusing from the spot at which it first appeared into others not adjacent, but often connected with the first ramifications of the same nerve-plexus. The diffusion usually exceeds that of peritonitis,

Vomiting is an early and troublesome symptom of inflammation of the peritoneum, also of hysteria, although in the latter disease the vomiting is never attended with nausea, nor does it ever become fecal. Immediately after the chill in peritonitis the temperature rises very high, and the subsequent elevation is moderate, whereas in the neurotic case the temperature is normal or but slightly raised, although there are cases reported where the fever was high, but this is probably due to some manoeuvring or pressure exerted by the tongue on the bulb of the thermometer.

The pulse of the inflammatory affection is characteristic, in that it is small and wiry and in frequency out of proportion to the fever; in the functional affection it has not these characteristics, and in the majority of cases the beats per minute are normal in number; if they are increased the quality is full and strong.

In peritonitis frequent micturition may be present, less often retention of urine and the urine is scanty and high-colored; hysterical bladder disturbances are usual in retention and the urine is pale in color and plentiful. Constipation, anorexia, coated tongue and abdominal tympany, are common in both diseases, the latter being greater in peritonitis, sufficient to displace the apex beat of the heart, reducing the liver dullness and obliterating the splenic dullness. These symptoms may continue in hysteria until the patient

presents all the symptoms of collapse or shock, but with careful observation and a diligent study of all the symptoms one would not be liable to make a mistake in diagnosis. In the pelvic forms of peritonitis which are generally chronic and occur in women, we could exclude hysteria by a careful digital examination of the pelvic cavity, although we must not forget the fact that all forms of local inflammation may determine the occurrence or position of hysterical symptoms, and the two diseases may occur at the same time, but by carefully weighing the symptoms a correct conclusion can be arrived at.

The neuralgias of the various abdominal organs may be either idiopathic or secondary to some organic change in the terminal nerves or in the viscera. Of the visceral neuroses the ones which are of particular interest to us and produce symptoms that may resemble peritonitis are gastralgia, enteralgia, ovaralgia and lumbo-abdominal neuralgia. In neuralgias of the viscera, the pain is deep seated, sometimes a dull heavy ache, sometimes of a boring character, rarely lancinating.

*"It does not dart like the pain of superficial neuralgia, but is either constant or comes on in waves which steadily swell to a maximum and then die away often leaving the patient in a state of temporary prostration." Not only do we have this one symptom of pain, but general disorders accompany the different neuroses as they do neuralgia of the cerebro-spinal system, for one portion of the nervous system cannot suffer without affecting the whole nervous organism. The symptoms which accompany the visceral neuralgias are reflex disturbances which may be of a serious nature as, vomiting, indigestion, constipation, loss of appetite and marked emaciation. It is very common to have associated with these various neuroses some other affection as migraine or asthma and these two diseases as a rule, accompany gastralgia.

The only form of peritonitis which gastralgia could be mistaken for, is that due to perforation of the stomach; the pain in both being referred to the back, chest or shoulders, tenderness, disturbances in circulation, tympanitis, but in neuralgia we do not have any rise in temperature and the pain is unilateral, paroxysmal,

* *Pepper's System American Medicine (Putman) Vol. V, page 1215.*

relieved by pressure, and in some cases by taking stimulants or food.

The patients do not suffer from the severe degree of shock as in peritonitis, although they may become prostrated and the history of previous attacks of neuralgia in other portions of the body would be an important guide in making the diagnosis.

Gowers says: "We are not justified in regarding as *enteralgia* either vague abdominal pains, which are not increased by peristaltic action or pain that occurs when the intestines are in energetic action, or in which there is conspicuous disturbance of the mucous membrane."

The pains in enteralgia are the same as in other neuroses; the two principle points of onset are the umbilicus and right iliac fossa, the concomitant symptoms are, distention of abdomen, hard abdominal muscles, prostration and severe collapse and the various other reflex phenomena which have been stated above.

In acute diffused peritonitis the pain may begin locally but soon becomes diffused, and is increased by pressure; the nausea, vomiting, distended abdomen and collapse are more or less continuous and have a protracted course.

In the majority of cases of neuralgia the patient is either a victim of hysteria or is suffering from anemia and especially in the visceral neuralgias we are aware that the pains occur at the time when the organ is performing its function. This is particularly the case in *ovoralgia*, and is not strange when we recall the fact that the ovarian nerves terminate in the blood-vessels and the consequent effect of any irritation is a dilatation of the vessels or a hyperaemia of the organs, which causes pain, localized tenderness and various other reflex phenomena that may be found in peritonitis. A careful digital examination would prevent an error.

It is not unusual to have abdominal pain that cannot be referred to the abdominal organs, which has no relation to the time of functional activity of the same. This pain is probably due to some disturbance of the sympathetic system of nerves. Pain is diffused, with paroxysms of exaggeration and is not increased by pressure, and its position is either above or below the umbilicus. The absence of other constitutional symptoms would exclude peritonitis.

